

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90075 004 \*\*\*\*61.25

**DOCUMENT # 845293**

1. Entity Name

**PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**810 SEVENTH AVENUE  
 NEW YORK NY 10019**

**810 SEVENTH AVENUE  
 NEW YORK NY 10019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-1644147**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VC	ALFREDO, VIGIL M.D.	870 SEVENTH AVENUE	NEW YORK NY 10019	<input type="checkbox"/>
SD	POINDEXTER, ALFRED M.D.	810 SEVENTH AVENUE	NEW YORK NY 10019	<input checked="" type="checkbox"/>
D	ALLISON, SHARON W	810 SEVENTH AVENUE	NEW YORK NY 10019	<input type="checkbox"/>
DC	SHALLENBERGER, MARY	810 SEVENTH AVENUE	NEW YORK NY 10019	<input type="checkbox"/>
TD	SINGHAUS, BARBARA	810 SEVENTH AVENUE	NEW YORK NY 10019	<input checked="" type="checkbox"/>
D	ASHLEY, CINDY	810 SEVENTH AVE	NEW YORK NY 10019	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Treasurer	J. Tyler Push	810 Seventh Ave	New York, NY 10019	<input type="checkbox"/>	<input type="checkbox"/>
Chair				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Bobbie Fuceri	810 Seventh Ave.	New York, N.Y. 10019	<input type="checkbox"/>	<input type="checkbox"/>
Chief Financial Officer	Larry Moreland	810 Seventh Ave	N.Y. N.Y. 10019	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*LARRY MORELAND*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*LARRY MORELAND*

*(212) 541-7800*  
 Date Daytime Phone #

CR2E037 (10/00)